Ethics Committee - Indian Association of Preventive & Social Medicine (EC - IAPSM)

SOP Version: 2.1

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Review Period: 3 years

Standard Operating Procedures (SOPs) for conducting Biomedical Human Research

(Protecting Human and guiding doctors for Human Biomedical Research)

Complete Name of the Ethics Committee	Ethics Committee – Indian Association of PSM
Complete office & address of Ethics Committee	EC – IAPSM, Community Medicine Dept. 3rd Floor, College Building GMERS Medical College, Sola, Ahmedabad 380060
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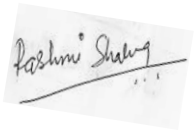

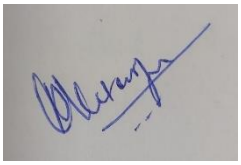

Member Secretary Chairperson

Version 2.1 is applicable to proposals submitted after 15 August 2022 & is valid for 3 years (till 14 August 2025) or till a new version is approved, whichever is earlier.

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INTRODUCTION

The Indian Association of Preventive and Social Medicine (IAPSM) is an association registered under Society registration Act and comprises of 6000 plus life members who are public health experts, teachers in medical colleges, nutritionists, social scientists and Medical Statisticians. One of the mandates of IAPSM is to promote and undertake epidemiological especially the field based operational research. IAPSM vide the minutes of executive council meeting held at Ahmadabad on 29.6.19 at GIDM, Gandhinagar decided to establish an institutional ethics procedure to review all research proposals in which members of IAPSM (faculty &/ or students), may be involved. It is proposed to have an Institutional Ethics Committee (IEC).

The objective of this document is to contribute to the effective functioning of the IEC. Development of this procedure has been guided primarily by the recommendations made by Indian Council of Medical Research (ICMR) in its 'Guidelines for preparing Standard Operating Procedures (SOP) for Institutional Ethics Committee for Human Research (2008). In addition, we have also referred to the World Health Organisation's (2000) 'Operational Guidelines for Ethics Committees that Review Biomedical Research' as well as the ICMR's (2006) 'Ethical Guidelines for Biomedical Research on Human Participants'[1] and ICMR's (2017) "National ethical guidelines for biomedical and health research involving human participants.

This document is based on the SOP of the Public Health Foundation of India (PHFI) which in turn has benefited greatly from the experience of the Shree Chitra Tirunal Institute for Medical Sciences and Technology, which prepared a Standard Operating Procedure (SOP) in 2008 for its IEC.

For preparation of this document, following documents were referred.

1. National Ethical Guidelines for Biomedical and Health Research involving Human Participant, 2017.
2. National Guidelines for Ethics Committees Reviewing Biomedical & Health Research During Covid-19 Pandemic, 2020.
3. SOP Template for Ethics Review of Biomedical and Health Research During Covid-19 Pandemic, 2020.

4. ICMR Policy on Research Integrity and Publication Ethics (RIPE), 2019.
5. Handbook on National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2018.
6. National Ethical Guidelines for Biomedical Research Involving Children, 2017.
7. World Health Organization's (2000) Operational Guidelines for Ethics Committees that Review Biomedical Research
8. ICMR's (2006) Ethical Guidelines for Biomedical Research on Human Participants, Code of federal regulation 56.114

Guidance Document for Institutional Ethics Committee Reviewing Clinical Studies on Human Participants, Clinical Development Services Agency, 2015.

Objectives of IEC:

Basic responsibility of the EC IAPSM will be "to ensure a competent review of all ethical aspects of the project proposals received by it in an objective manner"

The objective of this SOP is to contribute to the effective functioning of the Institutional Ethics Committee (IEC) so that a quality and consistent ethical review mechanism for health and biomedical research is put in place for all proposals dealt by the Committee as prescribed by the Ethical guidelines for biomedical research on human subjects of ICMR

ECIAPSM will endeavour to:

1. Protect and promote the dignity, rights and well-being of the potential research participants.
2. Ensure that universal ethical values and international scientific standards are adhered to and contextualized to suit the local context and also expressed in terms of local community values and customs.
3. Advise IAPSM to hold courses on research bioethics and other activities to educate and train the IAPSM research community periodically.
4. Hold regular short updates/courses for its ethics committee members.

Scope and purpose of the EC:

As mentioned IAPSM is a registered body of health professionals who at times, are working independently or with NGOs or small units with no access to any IEC. One of the jobs of these professionals is to conduct research in the areas of Public Health. It may be the operational/ implementational research assessing the health needs of community, evaluating some governmental health programs (in terms of their implementation or efficacy).

Any research process raises questions of ethical nature and to look into it requires the formation of Ethics Committee. This SOP is for providing guidelines for streamlining the process of obtaining ethics approval for biomedical research projects. The aim is to ensure quality and consistency in ethical review mechanism for these proposals. Also, if the members of association conduct a multi centric biomedical or health research, ethical review at this EC will help to conduct with clearance from local site-based IEC for local details such as informed consent forms etc. In case if the EC receives a proposal for the review from an institute which does not have its own IEC, in accordance with ICMR guidelines 2017, a MOU will be signed between the user institute and the ECIAPSM whereby the ECIAPSM will have complete and free access to the records of the research work, visit the sites during the work.

This committee will not consider any drug trial which require registry for clinical trials with Drug Controller of India.

Constituting the IEC

This will be an Independent Ethics Committee (Ind EC) which will be accessible to those members of IAPSM who are independent and not affiliated with any institute. This IEC will be multi-disciplinary and multi-sectoral in composition with gender equity. Independence, competence, pluralism and transparency will be expected to characterise the IEC. This section of the SOP deals with various aspects related to the membership of the IEC.

Composition of the IEC

Number: The IEC will have a maximum of 9 members (6 external & 3 internal IAPSM members), including the Chairperson and Member Secretary. The Head of IEC (chairperson) and Member Secretary will be permanent members and other members will be rotated within a 2-year cycle. In case there is change in composition of registered Ethical Committee it shall be reported to the authority designed under sub rule (1) chapter IV

Area of expertise of members: At any given point, the IEC is expected to comprise of members with a mix of disciplines such as public health specialists; medical doctors/ clinicians; Medical scientist who are epidemiologist also, legal experts; social scientists, lay person who is a mass communicator

Composition and pattern of the IEC will be as below:

S. No	Designation	Category
1	Chairperson	External
2	Member Secretary	Internal
3	Basic Medical Scientist	External
4	Scientific Members (2)	Internal
5	Clinician	External
6	Legal Expert	External
7	Social Scientist	External
8	Lay person	External

Selection is expected to ensure adequate representation of age and gender as also ensuring the presence of members aware of local social and cultural norms.

Chairperson: The Chairperson of the Committee will be a well-respected person from any background with prior experience of having worked with some IEC earlier. He/ she will be from outside the institute to maintain the independence of the Committee. The Chairperson will preside over and convene the regular meetings as well as emergency meetings of the full IEC or a sub-group/ committee as required.

Member Secretary: The Member Secretary will be permanent member of IEC of IAPSM and will conduct the business of the IEC and its meetings in consultation with the Chairperson. He/ she should be affiliated with institute (IAPSM) and should have adequate knowledge and experience in biomedical or health research. Further the member secretary should have good communication skill and should be available to devote adequate time.

The Member Secretary will be in charge of the Secretariat of the IEC and responsible for reporting to the Chairperson on all matters related to the IEC.

Other members will have the following eligibility and responsibility in the committee.

- **Basic Medical Scientist**: The person can be affiliated or non-affiliated with institute (IAPSM) and shall have knowledge of basic medical science and if possible, shall be from Pharmacology background from a medical college with some research experience.

- **Clinician:** Person can be affiliated or non-affiliated with institute (IAPSM) and must be a medical person preferably with a postgraduate qualification in a clinical subject.
- **Scientific Members:** There will be two such members also affiliated with institute (IAPSM). Preferably they must have adequate experience of research and possess a postgraduate qualification in Public Health
- **Legal Expert:** Person will be non-affiliated with institute (IAPSM) and must possess a basic degree in Law from a recognized university and preferably in active practice with knowledge in medical law.
- **Social Scientist**: Person will be non-affiliated with institute (IAPSM) and must possess some postgraduate qualification in Social Sciences (MA in Sociology/ MSW) with an expertise and be sensitive to local cultural and moral values. He/ she may have association with some NGO dealing with health-related issues
- **Lay Person:** The person must be non-affiliated with institute (IASPSM) and must be a literate person from public/community. He/ she must be well versed with local language, cultural and moral values of the community. Preferably also involved in social and community welfare activities

Membership requirements and responsibilities

Members will hold honorary positions. Reimbursements will however be made towards expenses incurred for purposes of attending to activities related to the IEC (these details may be publicly accessible). Alternatively, the institute will make travel arrangements.

Members must agree to their name and professional details to be made available to the public.

Members will be required to devote adequate time to ensure that the objectives of the ethics committee are achieved. This will require allocation of sufficient time for the review of relevant proposals, participation in meetings, and partaking in monitoring progress as required. Over and above, the proposals which come in for full review the members would be expected to review proposals which have been submitted to the secretariat for expedited review or exemption of review.

Any conflict of interest in the course of participating in the deliberations of the IEC must be declared.

Confidentiality with regard to all discussions pertaining to the functioning of the IEC is to be maintained.

An agreement related to conflict of interest and confidentiality will be signed and submitted by all IEC members to member secretary. is expected to be signed by all IEC members.

It is expected that all IEC members will regularly update their knowledge and keep in touch with developments in bioethics to enable them to execute their responsibilities adequately. Electronic updates of new and relevant information will be sent to the IEC members by the Secretariat.

EC must ensure dignity, rights, safety and well-being of the research participants through ethical conduct of research. Members should review scientific, ethical, medical and social aspects of research proposals in an objective, timely and independent manner by attending meetings and participating in deliberations.

The latest version of SOPs is given to EC members at the time of their appointment to ensure their understandings of their roles and responsibilities to ensure their best participation.

The Members may have to carry out monitoring visits at study sites as and when needed as determined by the chairperson of IEC.

Terms of Appointment

The appointment will be made by the President/ Secretary General of IAPSM and the appointment letter will be issued outlining the terms of appointment, duration of appointment and their responsibilities. GCP

The initial term of appointment will be three years. At the end of the term, 1/3 of the IEC members will be replaced such as to maintain the composition along the lines specified earlier. Rotation (replacement) will start from 3rd year of constitution of the IEC after which 1/3 will be replaced on yearly basis.

The decision on the new members to be appointed will be taken by the Institution

A replacement would also be appointed in the event of a) death of a member, b) long-term lack of attendance of three consecutive meetings (without providing sufficient reasons to the Chairperson/ Member Secretary except under exceptional circumstances), c) actions not commensurate with those expected of a member of the IEC and d) members choose to resign from membership; they are expected to provide reasons.

Members may be re-appointed after the gap of a term.

The secretariat of the IEC of IAPSM, is empowered to make amendments in the standard operating procedures to be presented to the committee members in the subsequent meeting.

Independent Experts: Under certain conditions, when review by a specialist or a member of a particular interest group is required, such individuals may be invited specifically for participation in the review of such proposals. Their inputs shall be recorded and considered, whenever necessary, to reach a decision. The decision will, however be taken by the IEC.

Functioning of the IEC

Meetings: The IEC may meet periodically once a quarter at intervals of approximately three months. Although sub-committees will undertake expedited reviews in the intervening period, such activities and their results will be reported at this meeting.

The meeting dates will be intimated to all members at least 2 weeks in advance to allow them to plan their calendar accordingly.

Members will be provided documentation related to proposals to be discussed, such that it reaches them at least two weeks prior to the meeting. If a member is not able to attend the meeting, he/she should inform the Secretariat as early as possible.

The minutes are prepared by the Secretariat and suggestions and approval sought from the Chairperson and members (electronically). Minutes are circulated to IEC members for their comments within a specific time span

Quorum requirements: Decisions can be taken at an IEC meeting only when quorum requirements have been fulfilled. These are as follows:

For review of each protocol the quorum of Ethics Committee should be at least 50% plus 1 member (5 members including Chairperson & Secretary) with the following representations:

1. At least one each from medical and non-medical background,
2. At least one non-affiliated member preferably Lay person,

As recommended by the WHO, however, all members should not belong to one gender or one profession and one should be an expert in a non-scientific area.

Compensation and reimbursements: All external members will be paid re-imbursement for travel and other costs incurred towards contributing to the workings of the IEC, according to

the Institution's norms. Appropriate bills and copies of tickets will have to be submitted together with the claim form to the Secretariat staff.

Conflict of interest

Conflict of interest with regard to a research proposal submitted to the IEC is considered to arise if an IEC member is the Principal Investigator (PI)/Co I or consultant to the project or significantly involved in any other way. This may also include having been on a board or government body, making recommendations related to the research under question. The Chairperson must be informed in advance and this must be recorded in the minutes. The concerned member may excuse himself/herself during the discussion of the particular proposal and when a decision on the proposal is being taken.

Members voluntarily withdraw from the Ethics Committee meeting while making a decision on an application which evokes a Conflict of Interest which may be indicated in writing to the Chairman prior to the review and be recorded in the minutes. All members shall sign a declaration on conflict of interest

Secretariat

The secretariat will be constituted of the Chairperson and Member Secretary of the IEC and supporting technical and administrative staff to assist in the smooth functioning of the review of proposals.

All Secretariat staff will sign a confidentiality agreement

Functions of chairperson:

1. Accountable for independent and efficient functioning of the committee
2. Ensure active participation of all members
3. Ratify minutes of the previous meetings
4. Seek COI declaration
5. Ensure quorum
6. Handle complaints against researchers, EC members, COI issues and requests for use of EC data

Functions of the Member Secretary:

1. All documentation (soft and hard) pertaining to the functioning of the IEC will be maintained by the Secretariat.

2. The Secretariat will be the point of contact with the PI and all communications will be made through the Secretariat.
3. Due diligence must be followed by the PI to ensure that the proposal and submission is complete in all respects.
4. It is the duty of the Secretariat to go through research proposals to check for the completeness. It is also their duty to go through research proposals that have:
   - Requested an exemption and after ensuring that they satisfy the criteria for exemption forward to the TRC for review.
   - Requested an expedited review and after ensuring that they satisfy the criteria forward to the Chairperson, IEC.
5. With regard to applications which need to go through the full review process, it is the duty of the Secretariat to ensure that only applications that are complete in all respects are submitted to the IEC for review.
6. Preparation of the minutes of the IEC meetings
7. It is important that all members of IEC remain well-informed and updated about the changes in regulatory requirements of their jobs. They should keep sufficient time to keep in touch with developments and recent changes.
8. Any change in the relevant guidelines or regulatory requirements should be brought to the attention of all EC members (by member secretary).
9. Member secretary at IEC secretariat in consultation with the head of the institution (President IAPSM) shall ensure trainings of all members for GCP and also hold short courses on bio-ethics.

Functions of Basic Medical Scientist:

Scientific and ethical review with special emphasis on study design, methodology, analysis of study results, risk benefit ratio (in case of interventional studies)

Functions of Clinician:

- All the functions of basic medical scientist with clinical view point
- Review medical care and provision of medical care given in case of adverse events & available facility, Compensation

Functions of Scientific Members:

- All the functions of basic medical scientist and clinician and will evaluate the public health impact of research for its justification

Functions of Legal Expert:

- Ethical review of the proposal, Informed consent document (ICD) along with translations,
- Regulatory approval, insurance document, other site approvals, researcher's undertaking,
- Interpret and inform EC members about new regulations

Functions of Social Scientist:

- Ethical review of the proposal, ICD along with the translations.
- Assess impact on community involvement, socio–cultural context, religious or philosophical context, if any
- Patient/participant/ societal / community representative

Functions of Lay Person:

- Ethical review of the proposal, ICD along with translation(s).
- Evaluate benefits and risks from the participant's perspective and opine whether benefits justify the risks.
- Serve as a participant/ community representative and bring in ethical and societal concerns.
- Assess on societal aspects if any.

Review of Proposals

The filled application form (Form I) and all relevant documents must be submitted by the PI to the Ethics Review Secretariat in an electronic format. This includes signed documents which have to be submitted as scanned copies. If the checklist for submission (see Form I) indicates absence of mandatory documents, the application will be returned.

The Secretariat will communicate electronically with the applicant acknowledging receipt of the application. The Secretariat staff shall screen the proposals for their completeness as well as with regard to any clarifications or additional documentation that may be required.

In case an applicant wishes to withdraw a proposal after submission he/she may do so by submitting a written request to the Member Secretary as early as possible.

Depending on the established criteria, proposals would qualify to be considered for the following: **Exemption from full review; Expedited review; Full review.** Proposals would be sent to the reviewers according to the procedure outlined below, for each of the three types of review, in an electronic format unless requested otherwise.

Exemption from full review

Categories for exemption: The criteria for exemption have been decided based on the National Institute of Health guidelines, with adaptations for Indian conditions and within the overall guiding criterion of 'minimal risk' suggested by the ICMR guidelines, 2006.

Accordingly, exemption from review may be granted to proposals which fall in the category of lower than minimal risk and satisfy one of the following conditions:

Exemption 1: **Research** conducted in established or commonly accepted **educational settings, involving normal educational practices**, such as (i) Research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Exemption 2: **Research** involving the use of **educational tests** (cognitive, diagnostic, aptitude, achievement); **survey/ interview procedures**; **observation of public behaviour**, **unless:** (i) information obtained is recorded in such a manner that **human subjects can be identified** directly or **through identifiers linked to the subjects** and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation;

Exemption 3: **Research** involving the **collection or study of existing data**, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Exemption 4: **Research** and demonstration projects that are conducted by or subject to the **approval of heads of Government departments or agencies**, and that are designed to study**, evaluate**, or otherwise examine: (i) public benefit or service programs (ii) procedures for obtaining benefits or services under those programs (iii) possible changes in or alternatives to those programs or procedures or (iv) possible changes in methods or levels of payment for benefits or services under those programs

Vulnerable persons are those who are absolutely/ relatively incapable of protecting their interests. These persons may have insufficient power, intelligence, education, resources, strength, or other needed attributes to protect their own interests. They may have limited capacity or freedom to consent or to decline to consent for e.g. children, and persons who because of mental or behavioural disorders are incapable of giving informed consent.

‘Vulnerable persons’ is broad term and its meaning and interpretation may vary from diseases to diseases and one context to other. Within the same context, it may vary depending on the power relations. It may also vary in different educational, socio-economic and cultural settings.

Vulnerable populations would include women, children the poor, destitute, uneducated, marginally educated, sick and elderly, prisoners, and others who may be vulnerable, either/or/and socially, economically, gender-wise, politically and other ways

It is the duty of the reviewers to assess whether the research involves vulnerable populations.

There are definite obligations on the part of all stakeholders (IEC, Researchers and the sponsors/ funders) when research involves vulnerable population. These must be adhered and EC has a role to ensure the compliance of these obligations. Risk benefit ratio should always be in favour of population. Researchers should justify the inclusion or exclusion of vulnerable population in the study and participants should have full choice of not to participate or withdraw in the middle of the study. Similarly sponsors of the study have added responsibilities to ensure the protection of research subjects and research team (if they are working in a sensitive area).

Research involving vulnerable persons will not be considered for exemption from review.

Procedure for exemption from full review

It is the responsibility of the PI to

a) Identify in the application (see Form VI) for review, the exemption he/she believes is applicable to the research under consideration
b) Provide a justification for the exemption(s) with sufficient information about the involvement of human subjects to allow a sufficient assessment that the claimed exemption(s) is appropriate.

A brief description of the proposal (adequate to evaluate risks to subjects and explain criteria under which exemption is applied for) and the full proposal (with copies of all instruments to be used, informed consent form) is to be submitted to the Secretariat (details in Form VI). The proposal is screened by the Secretariat for completeness and sent to 2 members of ethics committee as decided by the Chair/ member secretary of TRC for technical review and approval of exemption from full ethical review. TRC members can request the PI for any clarifications on the proposals.

For student submissions: the student should seek guidance from his/her mentor as far as possible. If his/her immediate assigned mentor is not available, then should seek assistance from another mentor. He should as far as possible, submit his proposal with the explicit permission from the mentor in the required format.

If a decision to exempt the proposal from full IEC review is taken by two reviewers, this is notified by the Member Secretary to the PI in writing giving the provision under which the exemption has been granted. If there is a disagreement between reviewers regarding the exemption, Chair, Member Secretary of IEC reviews the proposal and their decision is conveyed to the PI.

If a decision is taken that the proposal cannot be exempted from full review, a recommendation for expedited or full review may be made by TRC and Member Secretary. The appropriate procedure will then be followed as the case may be.

List of proposals exempted from review would be provided to the Chairperson of the IEC prior to the next IEC meeting.

Expedited review

Proposals that involve no more than 'minimal risk' and those that do not satisfy the criteria for exemption will be eligible to apply for expedited review[2]. Proposals cannot be considered for expedited review if 'identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, *unless* reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal'. Research involving vulnerable persons may be considered for expedited review.

Categories for expedited review

Research work considered to involve no more than minimal risk, would be eligible for consideration for expedited review, are as follows**:**

1. Already approved studies:

Follow-up reports of proposals previously approved either by expedited or full review as long as the level of risk has not increased since the initial review was undertaken.

I. Minor alterations (which do not result in any increase in risk) to studies which have previously been approved either by expedited or full review.

II. Proposals which have already undergone full ethical review by any other national/local institutional ethics committee and have received approval.

2. New Studies:

I. Research on individual or group characteristics or behaviour (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behaviour) or research employing survey, interview, oral history, focus group, human factors evaluation, or quality assurance methodologies with clear identifiers to the subject.

II. Collection of blood samples by finger prick, heel prick, ear prick, or veni-puncture from healthy adults and children.

III. In emergency situations like serious outbreaks or disasters where full review of the research is not possible. Such research can only be approved as a pilot study or preliminary work to study the safety and efficacy of the intervention and the same participants should not be included in the clinical trial that may be initiated on the basis of the findings of the pilot study.

IV. Research on interventions during outbreaks or disasters may be considered for expedited review provided a Data Safety Monitoring Board (DSMB) is constituted to review the data

V. Disasters create vulnerable persons and groups in society, particularly so in disadvantaged communities, and therefore, special attention to safety, confidentiality, usefulness to community must be considered. All international collaborative research in the disaster-affected area should be done with a local partner on equal partnership basis. Transfer of biological material, if any, should be as per Government rules taking care of intellectual property rights issues.

Procedure for expedited review: It is the responsibility of the PI to

I. Mention in the application for review (Form I), if he/she believes it qualifies for expedited review; Mention the category under which the review qualifies for expedited consideration

II. In the case of minor protocol amendments of approved research studies clearly specify the amendments that need expedited review.

Once the proposal has been screened by the Secretariat staff as satisfying the criteria for expedited review, the expedited review may be undertaken by the two persons appointed by the Chairperson (or his assignee): one EC IAPSM member, and one IEC external member.

The guidelines for review are same as those to be followed for full review (section 6). If required, expert opinion may be sought, keeping in mind confidentiality, but the expert will not play any role in making the final decision.

The reviewers may approve or conditionally approve the study, or may recommend it for full review. If there is disagreement between reviewers, member secretary along with the chairperson will make the final decision. For expedited review, reviewers can contact the PI for clarifications through the Secretariat. The decision of the expedited review is to be sent in writing by the Member Secretary to the PI.

A list of research proposals considered for expedited review and the outcome is provided to the Chairperson. A record must be maintained of category under which the expedited review was justified.

Full Review: It will be undertaken for the following**:**

1) All research presenting with more than minimal risk
2) Proposals/ protocols not qualifying for exemption from review or expedited review

Procedure for full review

The IEC will undertake the full review of proposals at its meetings which are to be convened once in three months on dates decided in advance by the IEC at the end of the preceding year. For full IEC review, proposals should reach the secretariat at least 4 weeks prior to the IEC meeting; unfunded and those that have not undergone any technical review must reach the secretariat at least 6 weeks prior to the IEC meeting. The application together with all the documentation will be circulated to all members of the IEC, at least two weeks before the scheduled meeting. Decisions will be taken in meetings where the quorum is complete. Only members of the IEC can participate in decision-making.

Researchers may be requested to be available for clarifications of their proposals, if any, by telephone or in person during the meeting. They will however not be expected to be present during the deliberations related to the proposal. Confidentiality of the member raising the queries will be maintained, with the Chairperson raising the queries on behalf of the IEC. After a preliminary discussion on the proposal, researcher/PI may present the proposal in 5-10 minutes and the members EC can ask questions and then the researcher/PI will leave.

Elements of review

The check list below, (that brings together elements from the ICMR's 'Guidelines for preparing Standard Operating Procedures (SOP) for Institutional Ethics Committee for Human Research' and WHO's "Operational Guidelines for Ethics Committees That Review Biomedical Research", 2000), may be followed to allow a complete ethical review of each proposal;

Conduct of the Study

- The justification of predictable risks and inconveniences weighed against the anticipated benefits for the research participants and the concerned communities;
- The justification for the use of control arms; including use of placebos, if any
- Criteria for prematurely withdrawing research participants; criteria for suspending or terminating the research as a whole;
- The adequacy of provisions made for monitoring and auditing the conduct of the research, including the constitution of a data safety monitoring board (DSMB);
- The manner in which the results of the research will be reported and published; adherence to applicable laws and regulations

Recruitment of Research Participants

- The characteristics of the population from which the research participants will be drawn (including gender, age, literacy, culture, economic status, and ethnicity);
- Inclusion and exclusion criteria for research participants; procedures for taking consent

Care and Protection of Research Participants

- Suitability/competence of investigator(s)'s and supporting staff, for the proposed study;
- Medical care to be provided to research participants during and after the course of the research;
- Adequacy of medical supervision and psycho-social support for the research participants;
- Steps to be taken if research participants voluntarily withdraw during the course of the research;
- Criteria for extended access to, the emergency use of, and/or the compassionate use of study products;
- Description of any financial costs, rewards and compensations (including money, services, and/ or gifts) to research participants and provisions for compensation/

treatment in the case of adverse events attributable to participation in the research; the insurance and indemnity arrangements;

Protection of Research Participant Confidentiality

- A description of the persons who will have access to personal data of the research participants, including medical records and biological samples;
- The measures taken to ensure the confidentiality and security of personal information concerning research participants;

Community Considerations

- The impact and relevance of the research on the local community and on the concerned communities from which the research participants are drawn;
- The steps taken to consult with the concerned communities during the course of designing the research;
- The influence of the community on the consent of individuals;
- Proposed community consultation during the course of the research;
- The extent to which the research contributes to capacity building, such as the enhancement of local healthcare, research, and the ability to respond to public health needs;
- A description of the availability and affordability of any successful study product to the concerned communities following the research;
- The manner in which the results of the research will be made available to the research participants and the concerned communities.

Informed Consent Process

- A full description of the process for obtaining informed consent, including the identification of those responsible for obtaining consent;
- The adequacy, completeness, and understandability of written and oral information (in local languages, if necessary), to be given to the research participants, and, when appropriate, their legally acceptable representative(s);
- Clear justification for the intention to include in the research individuals who cannot consent, and a full account of the arrangements for obtaining consent or authorization for the participation of such individuals;

- Assurances that research participants will receive information that becomes available during the course of the research relevant to their participation (including their rights, safety, and well-being);
- The provisions made for receiving and responding to queries and complaints from research participants or their representatives during the course of a research project;
- Where there is a request for waiver of consent, it can be waived if it is justified that the research involves no more than minimal risk or when the participant and the researcher do not come into contact face to face or when it is necessitated in emergency situations. If such studies have protections in place for both privacy and confidentiality, and do not violate the rights of the participants then the IEC may waive off the requirement for informed consent in following instances:
    - When it is impractical to conduct research since confidentiality of personally identifiable information has to be maintained throughout research as may be required by the sensitivity of the research objective, *eg*, study on disease burden of HIV/AIDS.
    - Research on publicly available information, documents, records, works, performances, reviews, quality assurance studies, archival materials or third-party interviews, service programs for benefit of public having a bearing on public health programs, and consumer acceptance studies.

      Research on anonymised biological samples from deceased individuals, left over samples after clinical investigation, cell lines or cell free derivatives like viral isolates, DNA or RNA from recognised institutions or qualified investigators, samples or data from repositories or registries *etc*.
    - In emergency situations when no surrogate consents can be taken.

Decision Categories

Three categories of decision that may be taken, are as follows: a) approval with no requirement for changes or additional information b) approval conditional to some changes/submission of additional information c) re-submission.

Features of each category are as follows:

Approval: A positive decision is arrived at when the committee has no requirement to receive any additional information. Comments or suggestions in case of future submissions may however be made. The communication of approval should however contain certain conditions of acceptance (see Form II), as advised in the WHO guidelines.

Conditional Approval: The committee may approve of the study in principle, subject to the submission of certain clarifications, minor revisions or additional documents.

Study can begin: In this case, the PI may have to satisfy certain conditions set out by the IEC. This may include the submission of certain documents. The duration of time by which the PI responds needs to be specified in the approval letter – and in no case should exceed a month. If certain government or legal documents have to be submitted however, the study will not qualify for this category.

Study cannot begin: The study cannot begin until certain fundamental matters raised by the IEC (including the submission of important documents) are addressed by the PI. The submission of legal or government documents also comes under this category. The proposal as far as possible need not be forwarded for consideration by the IEC (or a subcommittee), unless the submitted material (in the opinion of the primary reviewer), raises any new issues or concerns. In this case, approval is only granted once the Committee assesses the proposal in this light and any re-clarifications etc. are addressed satisfactorily by the PI.

The study can only begin once an approval letter is issued by the Secretariat.

Resubmission

This situation essentially arises when the issues raised in the review are serious enough to warrant a re-submission of the proposal with revisions, justifications or additional information. The issues of concern are usually of a fundamental nature (e.g. with regard to the risk/benefit ratio or issue related to participant protection). However, resubmitted proposals (those with approved funding) will go under expedited review.

Communication of decision

The decision of the IEC will be communicated in writing appendix (Form II) to the PI, by the Member Secretary, after the minutes of the meeting (with the decisions) have been approved

by the Chairperson. The decision may be communicated within three weeks of the meeting having taken place.

All approved proposals will be subject to the following standard conditions. Additional conditions may be added by the IEC.

1. PI should submit annual report of the ongoing project
2. The final report of the completed study should be submitted by PI.
3. Any change in the protocol or consent or PIS needs to have prior approval of the ethics committee.
4. A report of each serious adverse event when observed during the conduct of the study should be reported to IEC within 7 working days.

All decisions regarding clinical trial are taken in meetings and not by circulation of project proposals

Responsibilities of Sponsor of clinical trials.

Typical clinical trials (RCT type) conducted in institute (hospital/ lab) to test the superiority of a drug/ medical device etc do not come under the purview of this IEC and such trials will not be considered for review.

Responsibilities of the Investigator(s)

The Investigator(s) shall be responsible for the conduct of the trial according to the protocol and the GCP Guidelines and also for compliance as per the undertaking given in Appendix VII. Standard operating procedures are required to be documented by the investigators for the tasks performed by them. During and following a subject's participation in a trial, the investigator should ensure that adequate medical care is provided to the participant for any adverse events.

1. In case of studies prematurely discontinued for any, a summary report should be submitted within 3 months. The report should provide a brief description of the study and the reason for discontinuation of the study.
2. Any unexpected serious adverse event (SAE) (as defined in GCP Guidelines) occurring during the study should be communicated promptly to the IEC.

Informed Consent

i. In all trials, a freely given, informed, written consent is required to be obtained from each study subject. The Investigator must provide information about the study verbally as well as using a patient information sheet, in a language that is non-technical and understandable by the study subject. The Subject's consent must be obtained in writing using an 'Informed Consent Form'. Both the patient information sheet as well as the Informed Consent Form should have been approved by the ethics committee and furnished to the Licensing Authority. Any changes in the informed consent documents should be approved by the ethics committee and submitted to the Licensing Authority before such changes are implemented.

ii. Where a subject is not able to give informed consent (e.g. an unconscious person or a minor or those suffering from severe mental illness or disability), the same may be obtained from a legally acceptable representative (a person who is able to give consent for or authorize an intervention in the patient as provided by the law(s) of India). If the Subject or his/her legally acceptable representative is unable to read/write – an impartial witness should be present during the entire informed consent process who must append his/her signatures to the consent form.

iii. A checklist of essential elements to be included in the study subject's informed consent document as well as a format for the Informed Consent Form for study Subjects is given in Appendix V.

Responsibilities of the Ethics Committee.

i. Ethics committee that reviews and accords its approval to a trial protocol has to safeguard the rights, safety and wellbeing of all trial subjects with particular care to protect the rights, safety and wellbeing of all vulnerable subjects participating in the study, e.g., members of a group with hierarchical structure (e.g. prisoners, armed forces personnel, staff and students of medical, nursing and pharmacy academic institutions), patients with incurable diseases, unemployed or impoverished persons, patients in emergency situation, ethnic minority groups, homeless persons, nomads, refugees, minors or others incapable of personally giving consent. Ethics committee should get document 'standard operating procedures' and should maintain a record of its proceedings.

ii. Ethics Committee should make, at appropriate intervals, an ongoing review of the trials for which they review the protocol(s). Such a review may be based on the periodic study progress reports furnished by the investigators and/or monitoring and internal audit reports furnished by the Sponsor and/or by visiting the study sites.

In case an ethics committee revokes its approval to a trial protocol, it must record the reasons for doing so and at once communicate such a decision to the investigators.

Other responsibilities of IEC

Procedure for appeal: If the PI does not agree with the decision of the IEC, the PI may appeal in writing to the Member Secretary within two weeks of the decision. In the letter of appeal, the PI may methodically respond to each point raised by the IEC. Admissibility of the appeal is done by the Chairperson and Member Secretary.

Documentation and Archiving: Documents handled by the Secretariat can be divided broadly into those that are in the public domain and those that are confidential. Adequate support staff needs to be available for the functioning of the IEC secretariat as required by international regulations. Documentation/ information that needs to be easily accessible to facilitate the submission of proposals for timely review will be in the public domain. Such documentation/ information may include the following:

1. Details on the constitution and composition of the IEC—names and CV; annual schedule of meetings.
2. The Standard Operating Procedures (SOP) of the IEC (including the forms to be used).
3. Reports of the work of the IEC, audit reports if any.

Documentation related to specific protocols, the regular functioning and decisions of the IEC will be classified as confidential material. All such material will be dated, filed and preserved largely as a soft copy on secure laptops.

- All study related documents (study protocols with enclosed documents, progress reports, and SAEs) should be archived for minimum of ten years after the completion or termination of the study.

The records will be maintained by the IEC secretariat.

Maintenance of Record:

The proceedings of all meetings are being and shall be documented and shall be kept confidential. The EC coordinator/Secretary shall securely maintain the documentation. Records should be maintained for the following:

1. Constitution and Composition of the committee.
2. Standard Operating Procedures followed by the committee.
3. Curriculum Vitae (CV) of all the members of IEC.
4. Minutes of all meetings duly signed by the Chairperson/Member Secretary and copies of all correspondence with members, researchers and other regulatory bodies.
5. Copy of existing relevant national and international guidelines on research ethics and laws along with amendments.
6. All study related documents (study protocols with enclosed documents, progress reports, and SAEs) should be archived for minimum of ten years after the completion or termination of the study.

Office of Secretariate its funding, Processing charges, Expenses and audits:

The office of Ethics Committee will be located at Department of Community Medicine, GMERS Medical College, Sola, Ahmedabad 380060. This is also the office of IAPSM our parent body (institute). In order to meet its day-to-day expenses, Ethics Committee will charge a token processing fee from those proposals (submitted to us) which have external funding. Any proposal which does not have any external funding will not be charged any processing fee. Processing fee will be charged @ 2% of funding or a minimum of Rs. 5000/-. The IEC has its own bank account in a local branch and the amount will be charged in advance through a bank document or through net banking along with submission of proposals. This fee is non-refundable and is independent of the final outcome of the submitted proposal. Any shortfall in the funds generated and the office expenditure of IEC will be met by the institute. Audit of the account if required will be done by a qualified chartered accountant who is doing the audit of institute (IAPSM). Technical audit of the work of ethics committee will be done by another government tun technical institute (once in two years).

Annexure 1: Other additional issues related to full review

Major amendments should not be implemented until they have been reviewed and the decision of the TRC and IEC conveyed to the PI in writing by the Member Secretary. An exception to this situation is when an immediate change is essential to prevent apparent hazards to research subjects. The IEC may then be informed as soon as possible of the change which will be reviewed taking usual considerations into account. In other situations, the procedure is as follows:

- Amendments sent for expedited review

  All amendments may be submitted for expedited review, if the amendments are required before the proposal comes up for submission of its follow-up report. The procedure in this case is as detailed for expedited reviews in Section 02
- Amendments as part of follow-up

  Amendments may also be requested at the time the follow-up report is submitted. The procedure for submission of the follow-up report is as detailed in Section 11.1.

The original proposal must be resubmitted with the proposed changes (in addition to the follow-up report if submitted as part of this). An attached list should however mention the changes proposed and the sections and page numbers in the protocol where these have been detailed. The original proposal needs to remain unmodified with additions and justifications of changes in the appropriate sections, being clearly marked so as to be distinguishable from the original.

In the situation where the amendments are sufficiently many/substantive enough to cause fundamental alterations to the protocol, the IEC may recommend the rewriting of the proposal.

When considering the amendments, the IEC may ask for fresh or re-consent to be taken under the following conditions:

1) Availability of new information which necessitates deviation from the earlier protocol.
2) If such an event is expected then procedures to address it should be spelt out at the start itself in the informed consent form.
3) In case of studies where a long-term follow-up or extension is planned.
4) When there are changes to the modality of treatment/procedures/site visits.

5) f there is possibility of disclosure of identity through data presentation or photographs which should be camouflaged adequately) in publications, the fresh/re-consent is to be taken prior to publication.

The decision on approval/change of status of technical/ethics approval if any given the proposed amendments, and if necessary, the requirement for a full ethics review, will be conveyed in writing to the PI by the Member Secretary.

Follow-up

The ICMR Guidelines 2006, suggest that the responsibility of the IEC after assessment and giving approval for a study, continues with regard to follow up monitoring of the study.

Under specific conditions, the IEC may, based on the advice of the TRC, recommend the appointment of individual monitors, a group of people as monitors or recommend that the sponsor of the study set up a Data Safety Monitoring Board (DSMB). The reports and recommendations of such monitors or DSMB would have to be submitted to the IEC. Conversely any revisions of protocols that are approved by the IEC are to be submitted to the monitors or DSMB.

In the event of any malpractices/breach of ethical conduct, the IEC would make the necessary recommendations to the head of the institution (IAPSM) to take further action.

Follow-up report

All studies that went through full review process need to submit a follow-up report once a year (unless lesser intervals are decided on by the IEC) from the date of the start of the study. A reminder will be sent by the Secretariat to the PI two weeks before the due date of the follow-up report. If the follow-up report is not received within 4 weeks after the due date, date, a note will be sent asking the PI to show cause why the study should not be suspended.

Site visits need take place only in the event of reports of adverse events or violations of human rights

The follow-up report has to be submitted to the Secretariat which will be sent first for technical review and after getting their approval for any technical alterations, forwarded for ethics review.

Apart from the follow-up report, prior submission of information to the Secretariat may be required in case of a) Serious Adverse Events (SAE) and b) premature termination of the study. These specific situations are discussed in separate sections below.

The follow-up report needs to give a) details of progress of the study b) any new information of relevance to the study c) details of proposed amendments if any; in case of no amendments, this needs to be stated as well

The decision on approval/change of status of technical/ethics approval if any, and if necessary, the requirement for a full ethics review, will be conveyed in writing to the PI by the Member Secretary.

A final report is to be submitted to the Secretariat at the completion of the study. A reminder will be sent by the Secretariat to the PI one month before the due date of the final report which is three months after the termination of the study.

Reporting of adverse events

Any event (anticipated or unanticipated) which can affect the rights, welfare or safety of the participants will be considered an adverse event. These include not only interventions that can affect participants physically or psychologically but also involving breach of confidentiality (e.g. loss or theft of data containing subject identifiers). Adverse events can further be classified into non-serious and serious events. The following would be considered as Serious Adverse Events (SAE):

- Death
- An event which poses a threat to life
- Requiring hospitalization or prolongation in case of existing hospitalization
- Resulting in a persistent or significant disability/incapacity
- Resulting in a congenital anomaly/birth defect.
- An event that requires intervention (surgical or medical) to prevent one of the above outcomes
- Breach of confidentiality which may have serious repercussions (e.g. theft of data with identifiers linked to HIV test results)

All research proposals need to identify the adverse events that can be anticipated during the study. Based on this identification, the IEC may recommend appointment of individual monitors, a group of people as monitors or recommend that the sponsor of the study set up a Data Safety Monitoring Board (DSMB).

Guidelines with regard to reporting of adverse events based on the seriousness are as follows:

1) Unanticipated adverse events that may impact the risk/benefit ratio are to be reported to the IEC within one week of their occurrence.
2) SAE are to be reported to the IEC a) in case of multi-site/centric research, within 24 hours of receipt of reports by the PI from the study sites b) In all other cases within 24 hours of their occurrence.
3) SAE must continue to be reported for a minimum of 30 days following completion of subject's participation.
4) When adverse events are reported to the IEC/DSMB, the PI must provide her/his views on whether:
    a) the event(s) is/are related to the study
    b) it/they warrant any change in the protocol and/or informed consent form
    c) it/they warrant any change in the care or management of the participants
5) All reports of adverse events, opinions of the DSMB/Monitor and the action taken are to be placed before the IEC at its next meeting

The PI should submit a written report of the adverse event to the Secretariat using the specific form (Form IV).

This report will be sent immediately to the Chairperson who with the Member Secretary will nominate one or two IEC members and if necessary, an independent expert to evaluate the report. The nominee(s) may request further information/clarifications from the PI before taking a decision as follows:

- Request an amendment to the study or the consent form.
- Suspend or terminate the study.
- Permit the study to continue.
- Any other decision considered appropriate.

Premature termination of study

All proposals must specify conditions under which the study would be discontinued (see Form I). In case of the study being terminated by the IEC/by the PI, a report must be submitted to the IEC stating the reasons for premature termination as well as summarising the results obtained prior to discontinuation.

Annexure II

INFORMED CONSENT

1. Checklist for study Subject's informed consent documents

1.1. Essential Elements:

i. Statement that the study involves research and explanation of the purpose of the research

ii. Expected duration of the Subject's participation

iii. Description of the procedures to be followed, including all invasive procedures and

iv. Description of any reasonably foreseeable risks or discomforts to the Subject

v. Description of any benefits to the Subject or others reasonably expected from research. If no benefit is expected Subject should be made aware of this.

vi. Disclosure of specific appropriate alternative procedures or therapies available to the Subject.

vii. Statement describing the extent to which confidentiality of records identifying the Subject will be maintained and who will have access to Subject's medical records

viii. Trial treatment schedule(s) and the probability for random assignment to each treatment (for randomized trials)

ix. Compensation and/or treatment(s) available to the Subject in the event of a trial-related injury

x. An explanation about whom to contact for trial related queries, rights of Subjects and in the event of any injury

xi. The anticipated prorated payment, if any, to the Subject for participating in the trial

xii. Subject's responsibilities on participation in the trial

xiii. Statement that participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the Subject is otherwise entitled

xiv. Any other pertinent information

1.2. Additional elements, which may be required

a) Statement of foreseeable circumstances under which the Subject's participation may be terminated by the Investigator without the Subject's consent.

b) Additional costs to the Subject that may result from participation in the study.

c) Consequences of a Subject's decision to withdraw from the research and procedures for orderly termination of participation by Subject.

d) Statement that the Subject or Subject's representative will be notified in a timely manner if significant new findings develop during the course of the research which may affect the Subject's willingness to continue participation will be provided.

e) Approximate number of Subjects enrolled in the study

Please initial box (Subject)

(i)	I confirm that I have read and understood the information sheet dated ___ for the above study and have had the opportunity to ask questions.	[ ]
(ii)	I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	[ ]
(iii)	I understand that the Sponsor of the trial, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.	[ ]
(iv)	I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s)	[ ]
(v)	I agree to take part in the above study.	[ ]

Format of informed consent form for Subjects participating in a trial

Informed Consent form to participate in a trial

Study Title:

Study Number:

Subject's Initials: _____Subject's Name: _____

Date of Birth / Age: _____

Signature/ Thumb impression of Subject/ Legally Acceptable Representative: _____ Date: _____/_____/_____

Signatory's Name: _____

Signature of the Investigator: _____ Date: _____/_____/_____

Investigator's Name: _____

Signature of Witness _____ Date:_____/_____/_____

Name of the Witness: _____

Annexure III

UNDERTAKING BY THE INVESTIGATOR

1. Full name, address and title of the Principal Investigator (or Investigator(s) when there is no Principal Investigator)
2. Name and address of the medical college, hospital or other facility where the clinical trial will be conducted: Education, training & experience that qualify the Investigator for the clinical trial (Attach details including Medical Council registration number, and / or any other statement(s) of qualification(s))
3. Name and address of all clinical laboratory facilities to be used in the study.
4. Name and address of the Ethics Committee that is responsible for approval and continuing review of the study.
5. Names of the other members of the research team (Co- or sub-Investigators) who will be assisting the Investigator in the conduct of the investigation (s).
6. Protocol Title and Study number (if any) of the clinical trial to be conducted by the Investigator.
7. Commitments:
   i. I have reviewed the clinical protocol and agree that it contains all the necessary information to conduct the study. I will not begin the study until all necessary Ethics Committee and regulatory approvals have been obtained.
   ii. I agree to conduct the study in accordance with the current protocol. I will not implement any deviation from or changes of the protocol without agreement by the Sponsor and prior review and documented approval / favorable opinion from the Ethics Committee of the amendment, except where necessary to eliminate an immediate hazard(s) to the trial Subjects or when the change(s) involved are only logistical or administrative in nature.
   iii. I agree to personally conduct and/or supervise the clinical trial at my site.
   iv. I agree to inform all Subjects, that the drugs are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent and ethics committee review and approval specified in the GCP guidelines are met.

v. I agree to report to the Sponsor all adverse experiences that occur in the course of the investigation(s) in accordance with the regulatory and GCP guidelines.

vi. I have read and understood the information in the Investigator's brochure, including the potential risks and side effects of the drug.

vii. I agree to ensure that all associates, colleagues and employees assisting in the conduct of the study are suitably qualified and experienced and they have been informed about their obligations in meeting their commitments in the trial.

viii. I agree to maintain adequate and accurate records and to make those records available for audit / inspection by the Sponsor, Ethics Committee, Licensing Authority or their authorized representatives, in accordance with regulatory and GCP provisions. I will fully cooperate with any study related audit conducted by regulatory officials or authorized representatives of the Sponsor.

ix. I agree to promptly report to the Ethics Committee all changes in the clinical trial activities and all unanticipated problems involving risks to human Subjects or others.

x. I agree to inform all unexpected serious adverse events to the Sponsor as well as the Ethics Committee within seven days of their occurrence.

xi. I will maintain confidentiality of the identification of all participating study patients and assure security and confidentiality of study data.

xii. I agree to comply with all other requirements, guidelines and statutory obligations as applicable to clinical Investigators participating in clinical trials

Signature of Investigator with Date